

DENTAL BOARD[650]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby adopts an amendment to Chapter 10, "General Requirements," Iowa Administrative Code.

This amendment was published under Notice of Intended Action in the Iowa Administrative Bulletin on November 28, 2012, as **ARC 0471C**.

This amendment expands the definition of "public health settings" to include programs affiliated with the Early Childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I and day care centers (excluding home-based day care centers).

A public hearing was held on January 8, 2013, and written comments were accepted through that date. One person attended the public hearing. The Board office received 31 written comments concerning this amendment. Comments were received from private practice dental hygienists, dental hygienists in public health settings, community college educators, a community health center director/dentist, a public health center president/CEO, licensed dentists, I-Smile coordinators, a dental hygiene student, Delta Dental of Iowa, the Iowa Dental Association, the Iowa Association for the Education of Young Children, and the Iowa Primary Care Association.

Comments from those in favor of the amendment indicated that allowing dental hygienists working under a public health supervision agreement with a dentist to provide services in day care and ECI would help provide access to care to a target population in need of oral health care. The following are selections from the comments received that advocated for the adoption of the amendment:

1. "...by providing non-invasive dental screenings, fluoride varnish and OHI [oral hygiene instructions] we are giving these children a better chance to being cavity free and finding a local dentist for a lifetime.

"...we can refer them to the appropriate dentist, educate them, and work with the dental community to prevent decay and educate parents about the causes of decay before the age of 3 or 4. We know as dental professionals that prevention is key to oral health and also in reducing costs from Medicaid and dental treatment/surgery."

- (Katie McBurney, R.D.H., I-SMILE Coordinator, Marion County Public Health, Knoxville, Iowa)

2. "The Poverty Level for children living in Iowa has increased since 2000 by 50.5%. Nationally it has increased 33.3%. The Poverty Line was set at \$22,314 in 2010 for a family of four. These families cannot afford dental care. In 2011 over 79,000 Medicaid enrolled children ages 0-5 did not see a dentist. Dental Hygienists with a Public Health Supervision Agreement need to be able to see these children and provide preventive services. Adding Day Care Centers allows greater access to preventive services by Public Health Supervision Hygienists. Hygienist's [sic] refer these children to dentists and give preventive services that can save a life and prevent chronic infection for our children in Iowa."

- (Carol Van Aernam, R.D.H., Indianola, Iowa)

3. "I am a hygienist working for Community Health Care. I also do screenings at WIC two days per week, and also do Head Start screenings twice per year. I have no doubt that you are aware of all of the same statistics that I am:

“➤ Barriers to regular dental care are lack of insurance, lack of dental health literacy, and few dental providers taking Medicaid.

“➤ In 2011, 119,053 Medicaid enrolled children ages 0-12 did not see a dentist.

“o Ages 0-2: 55,540 Medicaid enrolled children did not see a dentist.

“o Ages 3-5: 24,143 Medicaid enrolled children did not see a dentist.

“➤ In 2011 Medicaid Enrolled Children Receiving a Dental Service from Title V Contractors.

“o Children ages 0-2: 10,509 received a dental service, 56,485 did not.

“o Children ages 3-5: 11,903 received a dental service, 45,779 did not.

“➤ According to the Iowa Kids Count Report in 2011, 16.2% of Iowa Children live in poverty.

“➤ Hygienists deliver essential Preventive Services, Education, and refer these individuals to dentists.

“➤ Public health supervision of dental hygienists has allowed the state of Iowa to develop the I-Smile program significantly enhancing access to quality oral health care.

“➤ According to the 2011 I-Smile report nearly 110,000 Iowa children between the ages of 0-12 received a dental service from a dentist in 2011, a 54% increase over 2005 numbers.

“➤ The same report indicates that over 26,000 Iowa children, ages 0-12, received a dental service from a Title V contractor, a 231% increase since 2005.”

- (Bianca Carmona, R.D.H., Community Health Care)

4. “As a dentist in a public health clinic and a graduate student in dental public health, I understand the barriers that children face to accessing dental services in Iowa. Although children’s access to dental care in Iowa far exceeds many other states, a subset of children continue to go year after year without utilizing the dental care system for reasons that are out of their control. The best way to change this is to maximize the number of locations at which children are exposed to the dental healthcare system, and do so as early in their childhood as possible.

“Currently, young children are exposed to oral health personnel at locations such as Head Start preschools, WIC centers, schools, and federally qualified health centers (FQHCs). In many cases, these personnel are public health dental hygienists who are able to have a presence in institutions whose clients are dentally underserved. These institutions are typically places where other oral health professionals would not otherwise be located. Increasing the scope of settings where public health hygienists are able to work will improve access to dental care for children in Iowa. In this case, the setting happens to be day care centers. Day care centers should therefore be included in the list of public health settings in which public health dental hygienists are able to perform their duties. This action will increase the robustness of our state’s oral healthcare system and have a positive impact on the oral health of Iowa’s children.”

- (Julie Reynolds, D.D.S., St. Luke’s Dental Health Center, Cedar Rapids, Iowa)

5. “I strongly agree with adding day care centers as a public health setting in which dental hygienists can provide oral health services under their public health supervision agreements. The key to reducing oral disease among Iowa children is to screen for problems early and educate both parents and caregivers about the importance of good oral health. Daycare centers are an ideal place to provide these services...”

- (Mary Kay Brinkman, R.D.H., Urbandale, Iowa)

All but one of the written comments received were in support of the proposed rule amendment. The Iowa Dental Association (IDA) expressed concern that the Board “noticed the Rule Amendment without adequate consideration for patient safety and without considering the need for enhanced oversight of participants in a public health supervision arrangement.” The IDA indicated that it is concerned that patient safety may be “unnecessarily compromised by expanding the number of settings in which dental hygienists are permitted to provide dental hygiene services under a public health supervision arrangement.” IDA indicated that its concern is based on the fact that under a public health supervision agreement a dentist need not be physically present to supervise the services provided by a dental hygienist. IDA requested that the Board delay implementation of the rule amendment and “conduct a comprehensive review of the patient safety implications.”

During the Notice publication process, a question was raised about the usage of “day care” vs. “child care” in the proposed amendment. Although the term “day care” was used in the Notice, “child care” is used almost universally in the Iowa Code, most notably in chapters 135, 237, 237A and 279. In the Iowa Administrative Code, “child care” is used, particularly in reference to child care centers and in-home providers (see 441—Chapters 109, 110, 118, and 170). By contrast, “day care” is mostly used in reference to adult day services (see Iowa Code chapter 231D). Also, during the comment period, the Iowa Association for the Education of Young Children suggested changing “day care” to “child care.” The Association indicated that “child care” is “commonly accepted language used by the profession for the service of providing care to children.”

Prior to adopting the final amendment, the Board requested a presentation about public health supervision. A presentation on this subject was given at the Board’s January 31, 2013, meeting. The

presentation included a description of the reasons this type of supervision was first adopted by the Board in 2003; a discussion about the procedures followed by the Iowa Department of Public Health's Bureau of Oral Health for review and maintenance of the public health supervision agreements between dental hygienists and dentists; a review of the role of the Iowa Dental Board, a regulatory and licensing board; a discussion of the terms in the existing public health supervision agreements; and a report about complaints received in the past ten years that involve public health supervision. There have been no complaints about patient safety that involve public health supervision agreements.

The Board considered the comments received, the public benefits sought to be achieved by adoption of this amendment, noted the lack of complaints over the past ten years related to public health supervision and voted to adopt the final amendment with one revision to the Noticed amendment. In the adopted amendment, the term "day care" has been changed to "child care."

This amendment was adopted by the Dental Board on February 11, 2013.

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code section 153.33.

This amendment will become effective on April 10, 2013.

The following amendment is adopted.

Amend subrule 10.5(1) as follows:

10.5(1) *Public health settings defined.* For the purposes of this rule, public health settings are limited to schools; Head Start programs; programs affiliated with the early childhood Iowa (ECI) initiative authorized by Iowa Code chapter 256I; child care centers (excluding home-based child care centers); federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 3/6/13.